The Town of Fenwick Island

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OPERATIONS RESTART – INTERNAL EMPLOYEE GUIDELINES/PROTOCOL
May 22, 2020

The Town of Fenwick Island is taking steps to ensure returning to the workplace during the COVID-19 pandemic is safe for all employees. However, each employee must do his or her part to ensure we all enjoy a safe and healthy work environment. That is, we need to take care of one another by taking care of ourselves. Until further notice, these guidelines/protocol provide general recommendations for use in all Town facilities.

Town employees shall follow the top three protective measures as recommended by the CDC:

1. Personal hygiene
2. Physical distancing
3. Frequent disinfection of common surfaces

Personal Hygiene

- If you are sick, displaying signs of illness, and/or have a fever of 99.5 degrees Fahrenheit or higher, stay home – you do not want to get your fellow employees or the public sick or contribute to the spread of illness in the community.
- Temperatures of employees will be checked before starting work each day.
- Employees are required to wash or sanitize hands upon entering the workplace. Employees must also follow these hygiene tips throughout the workday:
  - Wash hands frequently with soap and water for at least 20 seconds, especially upon leaving a restroom or common area.
  - When sneezing or coughing, cover your nose and mouth with your inner elbow or shoulder or with a tissue, immediately dispose of the tissue, and sanitize or wash hands.
  - Avoid touching your face including your mouth, ears, eyes, and nose.

Physical Distancing Protocol

- Physical distancing is an effective mechanism to prevent potential infection that relies on distancing from others to avoid infection. Employees shall:
  - Stay six (6) feet away from others as a normal practice.
  - Eliminate physical contact with others, such as handshakes or embracing coworkers, visitors, or friends.
  - Avoid touching surfaces touched by others to the extent feasible.
- Face coverings must be worn in all common areas, including restrooms and hallways. Face masks may be removed in employee's individual workspace if a six (6) foot distance is maintained from others.

- Employees shall avoid gathering when entering and exiting the workplace. Ensure six (6) feet of space between each person while you wait to enter the workplace. These protocols apply to parking lots, outdoor spaces, shops, etc. – no congregating.
- Meetings should continue to be conducted via conference calls and video as much as possible. If an in-person meeting is necessary, no more than ten (10) persons will be allowed, even when the meeting area is large enough to accommodate appropriate physical distancing.
- Continue to use the phone to contact even close in proximity co-workers, keeping out of hallways and others' workspaces as much as possible.
- Employees will be required to follow strict distancing protocol in common areas (break rooms, coffee areas, etc.) such as (i.e. only one person eating at a time, wipe down/disinfect appliances after each use, etc.).

Disinfection Measures & Protocol

- The Town's cleaning contractor will conduct routine cleaning and disinfecting of Town facilities; however, employees are encouraged to disinfect their own work spaces multiple times throughout the day, but minimally at the end of each day, giving special attention to common surfaces (due to the current shortage of sanitizers and cleaning supplies disinfectant will be provided as available). Surfaces include:
    - Work tools and equipment
    - Workstations and equipment (desks, phones)
    - Computer screens and keyboards
    - Doors, door handles, buttons
    - Copy machines
    - Vehicles of all types
- Employees will not enter other workers' offices and will not use other workers' phones, desks, work tools, equipment, or personal items. If a shared device is the only option, each employee will disinfect the equipment before and after each use.
- COVID-19 "deep cleaning" is triggered when an onsite employee is identified as being COVID-19 positive by testing. Deep cleaning of the potentially impacted site will be performed as soon after the confirmation of a positive test as practical. The notification for deep cleaning is coordinated with Town Management and the affected department.

Other Protocols for Policy:

Daily Self-Monitoring Protocol

Daily self-monitoring is in place to prevent sick or symptomatic employees from leaving their homes and increasing the likelihood of spreading the infection. A self-monitoring form has been distributed to all employees for voluntary, home self-screening.

Employees who have COVID-19 symptoms or COVID-19-like illness shall notify their supervisor and stay home. The Town Manager must be notified immediately to receive pay for the absence.

On-Site Health Monitoring

All employees may be monitored by a supervisor before coming into the workplace for: new or worsening cough; shortness of breath; sore throat; loss of taste or smell; feeling feverish or a measured temperature equal to or greater than 99.5 degrees Fahrenheit; or known close contact with a person who is lab-confirmed to have COVID-19. Any employee who meets any of these criteria will be sent home and asked to follow all self-quarantine and return to work guidelines.

Self-Quarantine and Return to Work Protocol

See the **DPH Guidance for Management of Persons with Suspected Covid-19 Exposure Publication** which includes actual or potential exposures, levels of contact to exposures, and return to work protocol.

If an employee is confirmed to have COVID-19 or direct contact with a positive COVID-19 person, the Town will inform employees in the immediate work area. The name of the infected employee shall not be provided.

Visitor & Contractor Self-Screening

Town facilities are to remain closed to the public until further notice, including the restrooms. All visitors, vendors, and contractors entering Town facilities must obtain access from the Town Manager, must wear a face covering, complete a self-screening form, and attest they have not had COVID-19 symptoms or illness, or contact with anyone who has, within the past 14 days. The Town Manager will be required to monitor (and maintain) the number of visitors allowed in each facility at a given time.

Additional Protections and Guidance

The Town is providing these guidelines and protocols in an effort to ensure the health and safety of all employees and visitors. If additional developments occur the guidelines will be modified or otherwise updated and redistributed to all employees.

DPH Guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work

*This document is intended to serve as guidance for discontinuation of home isolation as well as return-to-work guidance for persons with suspected, presumed, or confirmed coronavirus disease 2019 (COVID-19) infection in the state of Delaware. Due to the dynamic nature of information which continues to emerge about COVID-19 and the virus that causes it (*severe acute respiratory syndrome coronavirus 2, shortened to SARS-CoV-2*), this information is subject to change.*

Effective: 04/10/2020
Updated 5/7/2020

Depending on the clinical suspicion of COVID-19, *symptomatic* persons under investigation (PUIs) for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions immediately. Asymptomatic persons should not undergo testing at this time as a negative result does not preempt the requirement for self-isolation completion.

Contents

I. Management of Potential Exposure in a Health Care Setting

This guidance applies to exposures in a health care setting to persons with confirmed COVID-19, or a person who is diagnosed empirically with COVID-19 without confirmatory testing.

High-risk exposures refer to those who have had prolonged (more than 10 minutes) close contact with persons infected with COVID-19 who were not wearing a facemask, while the nose and mouth of the employee were possibly exposed to secretions potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on persons infected with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include those who had prolonged (more than 10 minutes) close contact with persons infected with COVID-19 who were wearing a facemask, while their own nose and mouth were possibly exposed to secretions potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, those who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*.

Low-risk exposures generally refer to brief interactions with persons infected with COVID-19 or prolonged close contact with persons who were wearing a facemask for source control while the caregiver was wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator, would further lower the risk of exposure.

High- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature $\geq$ 99.5°F or subjective fever) OR other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, shaking chills, myalgias) they should immediately self-isolate (separate themselves from others) and notify DPH OIDE at 1-888-295-5156 and their healthcare facility promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

***Low-risk* category** should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. *Asymptomatic persons in this category are not restricted from work.* They should check their temperature twice daily and remain alert for other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, shaking chills, myalgias). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq$ 99.5°F or subjective fever) OR other suspected COVID-19 symptoms they should immediately self-isolate (separate themselves from others) and notify DPH OIDE (302-744-4990 or reportdisease@delaware.gov) and their healthcare facility promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

Healthcare facilities should consider measuring temperature and assessing symptoms of all employees prior to starting work. Alternatively, facilities could consider having employees report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Facilities could consider allowing asymptomatic employees who have had an exposure to a person infected with COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These employees should still report temperature and absence of symptoms each day prior to starting work. Facilities should have exposed employees wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work. Facility occupational health or infection prevention personnel should consider restricting the employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

II. Management of Potential Exposure in a Community Setting

This guidance applies to a potential exposure in a community setting to persons with confirmed COVID-19.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 infected person for a prolonged period of time (more than 10 minutes) (such as caring for or visiting the person infected with COVID-19, or sitting within 6 feet of the person infected with COVID-19 in a healthcare waiting area or room); close contact can occur while caring for, living

with, visiting, or sharing a healthcare waiting area or room with a person infected with COVID-19.

– or –

b) having direct contact with infectious secretions of a COVID-19 infected person (e.g., being coughed on)

High risk: Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection ***without using recommended precautions*** for home care and home isolation.

Medium-risk: Close contact with a person with symptomatic laboratory-confirmed COVID-19

- On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic COVID-19 infection; this distance correlates approximately with 2 seats in each direction
- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic COVID-19 infection ***while consistently using recommended precautions*** for home care and home isolation.

Low-risk: Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic COVID-19 for a prolonged period of time (greater than 10 minutes) but not meeting the definition of close contact; **OR** interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

High-risk category exposures should be directed to quarantine (voluntary or under public health orders) in a location to be determined by public health authorities for 14 days.

- No public activities.
- Daily active monitoring, if determined appropriate by public health.

Medium-risk category exposures should be recommended to remain at home or in a comparable setting, and not permitted to return to work for 14 days.

- Practice social distancing
- Self-monitoring by the employee

Low-risk category exposures have no restriction on movement and should practice self-monitoring. Facilities could consider allowing asymptomatic employees who have had an exposure to COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program (if one is available).

- They should still report temperature and absence of symptoms each day prior to starting work.
- Exposed employees could be required to wear a facemask (healthcare workers) or cloth face covering (non-healthcare workers) while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
    - If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.
- If person is a healthcare worker, facility occupational health or infection prevention personnel should consider restricting the employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

III. Discontinuation of Home Isolation/Return to Work for SYMPTOMATIC Persons with CONFIRMED or SUSPECTED COVID-19

Options include a time-since-illness-onset and time-since-recovery ("symptom-based") strategy and a "test-based" strategy.

<u>Time-since-illness-onset and time-since-recovery strategy ("symptom-based" strategy)</u>

Persons with *CONFIRMED* or *SUSPECTED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
- At least 10 days have passed *since symptoms first appeared.*

After discontinuation of home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to work for an additional 4 days (for a total of 7 days without symptoms) due to the possible risk of continued infectiousness. Persons may return to work after this 7-day symptom free period however should continue to recognize the risk of infectiousness and self-monitor for symptoms.

"Test-based" strategy (simplified from initial protocol)

A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. At this time, test-based strategy should ONLY be employed for persons with *CONFIRMED* COVID-19 infection.

Persons who have *CONFIRMED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation and return to work under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

IV. Healthcare Personnel, Critical Infrastructure Personnel, and Essential Services Workers

Critical infrastructure personnel/essential services workers should practice self-monitoring. DPH recommends that individual risk assessments for COVID-19 exposures based on setting, personnel, and type of activity be performed:

•Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.

•Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program (if available).

•Wear a Mask: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.

•Social Distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.

•Disinfect and Clean Workspaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

Healthcare personnel and critical infrastructure/essential services workers may be allowed to return to work 3 days following fever resolution and improvement in respiratory symptoms while wearing a mask after options to improve staffing have been exhausted [facilities have self-identified as operating under crisis staffing patterns] and in consultation with their occupational health program (if available). These employees should still report temperature and absence of symptoms each day prior to starting work. Facilities should have employees wear an appropriate face covering (i.e. medical facemask for direct patient care workers or cloth face covering for all others) while at work for the 14 days following fever resolution and improvement in respiratory symptoms. If the employee develops even mild symptoms consistent with COVID-19, they must cease work activities, wear a face covering (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Facility occupational health or infection prevention personnel should consider restricting healthcare personnel employees returning following isolation discontinuation from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations. Returning healthcare personnel may be directed to care for COVID-positive patients.

V. Discontinuation of Home Isolation/Return to Work for ASYMPTOMATIC Persons with CONFIRMED COVID-19

Individuals with *CONFIRMED* COVID-19 who have **not** had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test **and** have had no subsequent illness. If there has been illness subsequent to first positive test, the individual must proceed according to the guidance for symptomatic persons with confirmed COVID-19 above.

VI. Immunity and Re-infection

The immune response, including duration of immunity, to COVID-19 infection is not yet understood. It is not yet known whether similar immune protection will be observed for persons infected with COVID-19 as seen with MERS-CoV and SARS-CoV-1 infections.

If there is a new exposure the quarantine process and evaluation should be restarted.

VI. Flowcharts

Figure 1. Flow for isolation discontinuation (symptom-based strategy) and return to work for non-health care personnel, essential services workers, or critical infrastructure personnel.

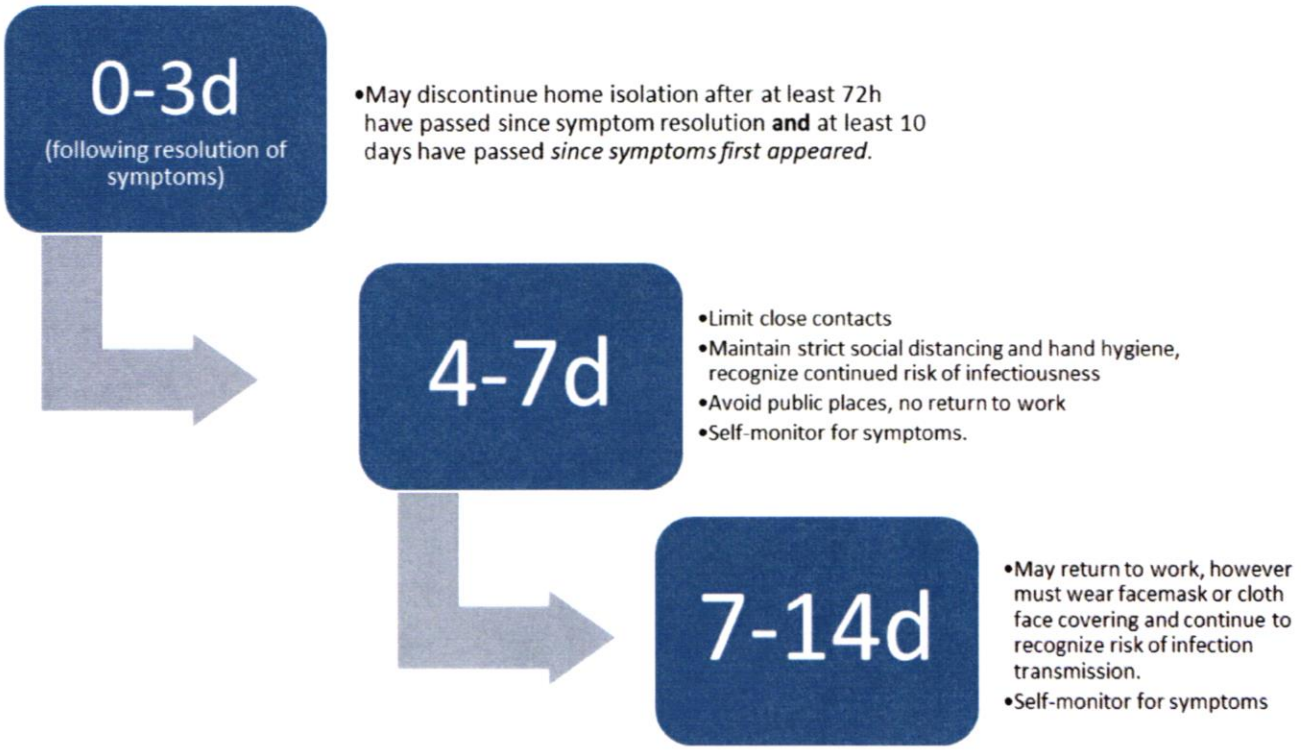

Figure 2. Flow for isolation discontinuation (symptom-based strategy) and return to work for health care personnel, essential services workers, and critical infrastructure personnel when deemed under crisis staffing patterns.